Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL068024 09/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 624 JONES FERRY ROAD CRESCENT GREEN OF CARRISORO CARRBORO, NO. 27510 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X6) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments 0.000 All areas ated will be corrected according to the Report of Biennial Construction Survey by Frank Strickland and Ed Miller on 09/02/2018: rules. The Maintenance Records indicates that this facility was first personnel will access sul licensed 10/17/1990 as a HA. The facility is ances noted in the Poc currently licensed for 120 Beds. Therefore, this facility was surveyed for conformance with the and report to the an team during the Monthly QA Meeting. The QA team Consists of the Administrates applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 10) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and Resident Care Coordnatur, the 1987 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial Hunschapping supervisor, licensure. Maintanance director and oshift supervisors. Deficiencies have been cited and a Plan of Correction is required, Army area that need repain will be connected C 164 Housekeeping and Furnishings-Clean, Repaired C 164 unudiately and manitored SECTION .0300 - PHYSICAL PLANT by the appropriates depostments. 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: have walls, ceilings, and floors or floor coverings kept clean and in good repair; have no chronic unpleasant odors; have furniture clean and in good repair; (e) This Rule shall apply to new and existing Handrails outside of room 108 has been repaired. All other handrails have facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has not maintained the corridor handrails. This could affect all residents by disrupting grasping support been checked. for stability of a resident. Findings on 09/02/2016: Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (XII) DATE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL068024 09/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 624 JONES FERRY ROAD CRESCENT GREEN OF CARRBORO CARRIDORO, NO. 27510 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XII) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PRÉPIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG C 164 Continued From page 1 C 164 The corridor handrall is loose outside Room 108. 2-Based on observation, this facility has not maintained the finish and operating condition of the resident room furniture. Dressers have been removed and or repaired that are not in agod working order. Findings on 09/02/2016: The resident room dresser tops and construction are not maintained in the following rooms: (a) Room 121 (b) Room 302 3-Based on observation, this facility has not maintained the finishes and construction of interior and exterior doors. All extensor and enterior doors have been repaired. Findings on 09/02/2016: The following interior doors are damaged. scratched and have damaged finishes: (a) Exterior exit door in 100 Hall is cracked at lockset area. Loteles on exit doors (b) Room 121 Entry and Bathroom doors have been repaired. Room 119 door hardware was installed correctly. (c) Room 208 Bathroom door. 4-Based on observation, this facility has not maintained the operation of interior and exterior doors. Findings on 09/02/2016: The following doors do not latch: (a) Exit door in 100 Hall (b) Room 106 (c) Room 311 (d) Room 321 (e) Room 119 (Door hardware reversed) 5-Based on observation, this facility has not maintained the installation and service of the plumbing fixtures.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL068024 09/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **624 JONES FERRY ROAD** CRESCENT GREEN OF CARRBORO CARREORO, NO. 27510 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X%) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) C 164 Continued From page 2 C 164 All to:lets have been Seared and all sinks scaled and searcel. Findings on 09/02/2016: The following Rooms have plumbing fixtures that are not properly mounted: (a) Room 121toilet (b) Room 218 toilet (c) Room 302 sink C 175 Bedroom Furnishings-Clean Towel, Towel Bar C 175 SECTION ,0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to All dowed been have been provide and maintain individual towel bars. replaced. Findings on 09/02/2016: The following Resident Rooms do not have individual towel bars: (a) Room 111 (b) Room 218 (c) Room 302 (d) Room 308 C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL068024 09/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 624 JONES FERRY ROAD CRESCENT GREEN OF CARRBORO CARRBORO, NC 27510 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (XII) COMPLETE ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) GROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 3 care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Batteries in lights have been replaced. Findings on 09/02/2016; The emergency wall light that are located at the following locations did not illuminate when tested in the emergency mode: (a) Outside Lounge 2A-200 Half (b) Between Rooms 217/219 Hall (c) Outside Room 325 Hall 2-Based on observation, this facility was not maintained in a safe manner due to breaches of the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. All opening have been sealed with fre rated canking -Findings on 09/02/2016: There is a 2"x4" opening in the ceiling under the shower track and adjacent to ceiling light located in the Spa in the 300 Hall. 3-Based on observations, this facility has failed to maintain and service water heaters. Findings on 09/02/2016: The water heater that is located in the Laundry Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X3) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. WUILDING: 01 B. WING HAL068024 09/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 624 JONES FERRY ROAD **GRESCENT GREEN OF CARRBORO** CARRBORO, NC 27510 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ()(5) COMPLETE DATE ID PREFIX PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE OROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LEC IDENTIFYING INFORMATION) TAG DEFICIENCY C 189 Continued From page 4 C 189 Room/300 Hall is leaking at the supply side pipe joint on the top of the unit and the piping for the pressure relief valve is garden hose. 4-Based on observations, this facility has not maintained the exit signage. Findings on 09/02/2016; The exit sign is not illuminated located at the 100/200 Hall exit door, 5-Based on observation, this facility has not completed the required maintenance for the kitchen range fire suppression systems. The suppression suprtem will be tested. The exhast feen will be replaced.

A fryguard will be placed between the deep finger and the cook top will Findings on 09/02/2016: 11/05/16 The range hood fire suppression system was red tagged on 08/4/16. The report listed the following deficiencies. The (12 year) hydrostatic testing is due. b) The exhaust fan was not working. c) loose piping - could cause system to activate unnoccesarily. d) A fryguard is needed to properly separate deep fryer from gook top flame. be placed. C 199 Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS The fan has been replaced in the soiled linen room. (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: soiled linen storage: soil utility room; Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL068024 09/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 624 JONES FERRY ROAD CRESCENT GREEN OF CARRBORO CARRBORO, NC 27510 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) |D ID PREFIX (XN) COMPLETE PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEPICIENCY) C 199 Continued From page 5 C 199 (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rute shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: All fans have been replaced with new-fans. 1-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 09/02/2016: The following rooms and spaces have non-operational exhaust systems: (a) Laundry Room-200 Hall (b) Soiled Linen Room-200 Hall (c) Storage Room C

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